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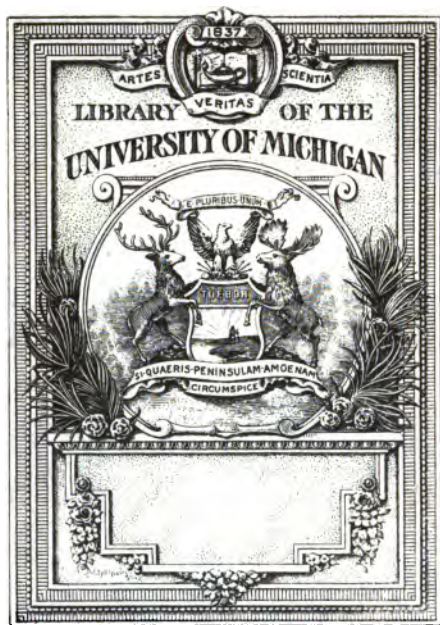
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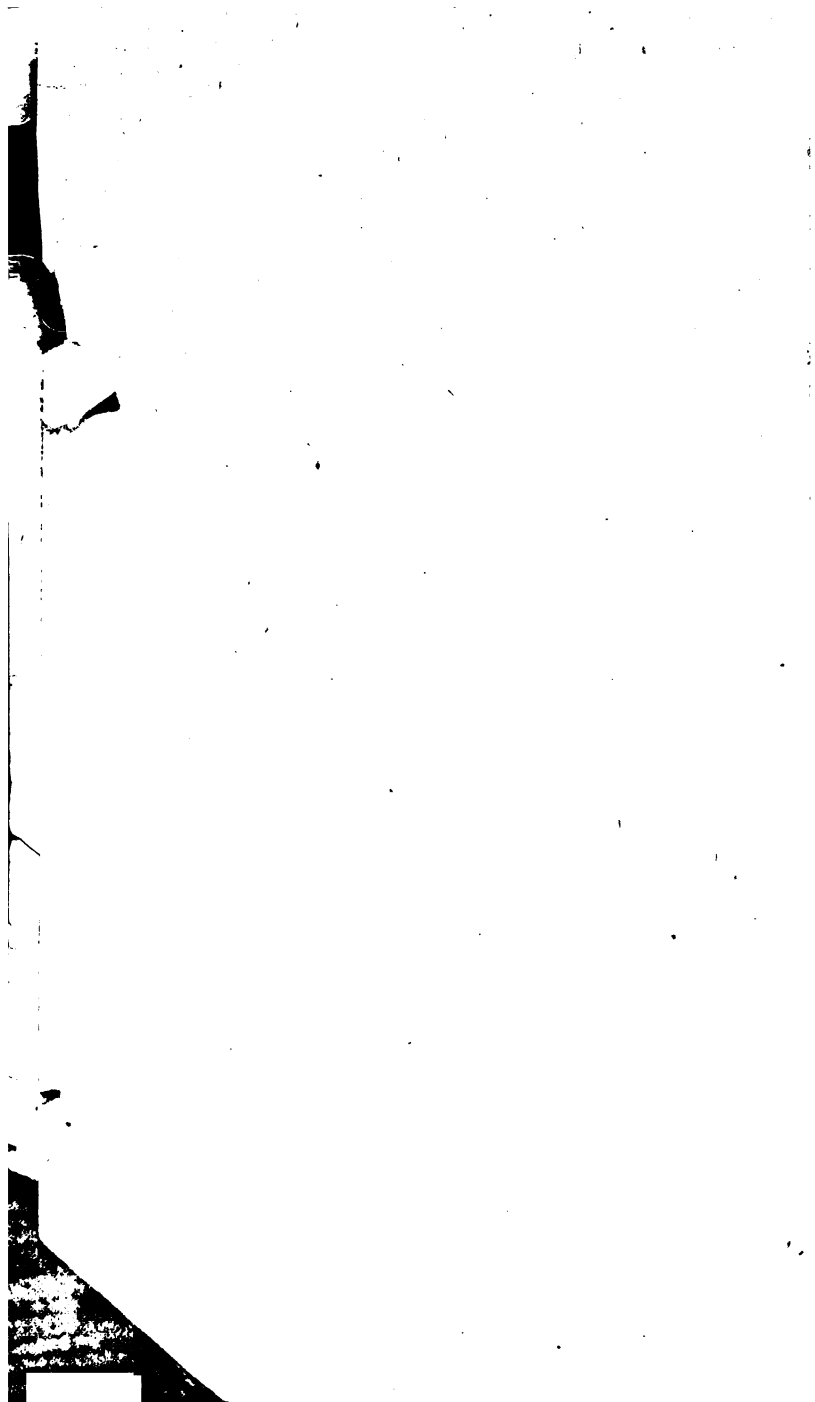
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THE GROUNDS
OF A
HOMŒOPATH'S FAITH.



THE GROUNDS
OF
A HOMŒOPATH'S FAITH:
5-28-1
THREE LECTURES

DELIVERED AT THE REQUEST OF MATRICULATES OF THE
DEPARTMENT OF MEDICINE AND SURGERY (OLD
SCHOOL) OF THE UNIVERSITY OF MICHIGAN.

BY

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THE BRITISH HOMŒOPATHIC SOCIETY.

*"To ignorants obdurde, quhair wilfull errorr lvis,
Nor sit to curious folks, quhilks carping does deject thee,
Nor sit to learned men, quha thinks thame onlie wyis,
But to the docile bairns of knowledge I direct thee."*

KING JAMES I. of Scotland.

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.....
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TO
THE MEMORY
OF
DOCTOR CARROLL DUNHAM,

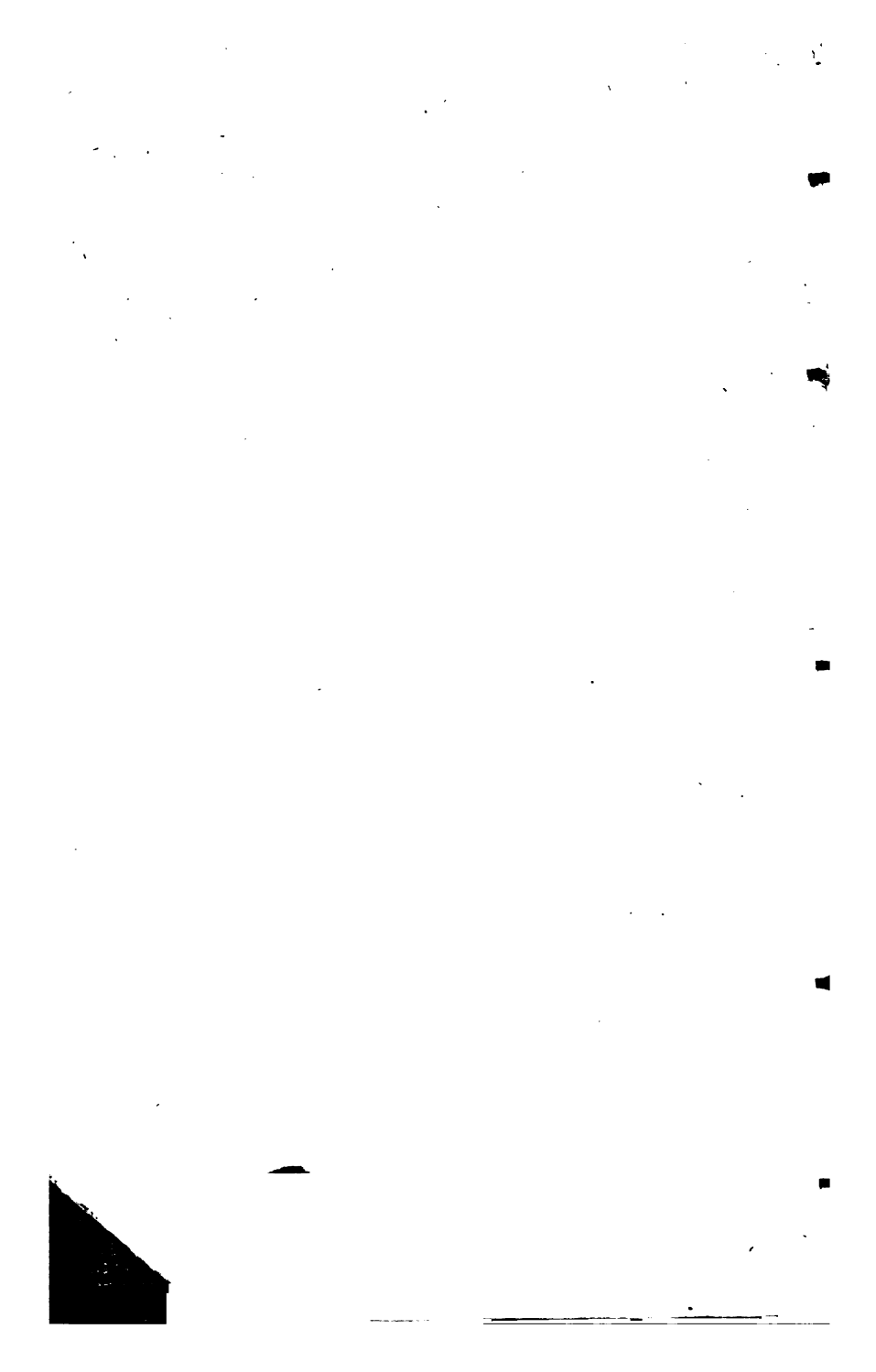
HERE A WITNESS FOR THE TRUTH,

NOW A WITNESS OF IT,

I INSCRIBE

"The Grounds of a Homoeopath's Faith."

I *



Go, little Book, the world is all before thee,
Stand for the truth though all the world deride,
Firm as a rock though all the world ignore thee:
As thou art true what need'st thou ask beside?

Go, little Book, 'THE MASTER' now is sleeping,
Truth seeks a witness, stand thou in his place —
Truth puts his spotless honor in thy keeping
When craven mongrels would his work deface.

Go, little Book, though place and power condemn thee:
Thou'rt not alone, thou canst not single be,
For, though the many in their might condemn thee,
One truth and God is Truth's majority.

UNIVERSITY OF MICHIGAN, *June 23, 1879.*



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LECTURE I.

THE study of specific medicines is too much disregarded now. No doubt, the hunting after specifics is a mark of ignorance and weakness in medicine, yet the neglect of them is proof also of immaturity; for, in fact, *all medicines will be found specific in the perfection of the science.*

Coleridge. Table Talk, May 23, 1830.

Mr. U

THE GROUNDS OF A HOMŒOPATH'S FAITH.

LECTURE I.

**The Law of Similars. Its Claim to be a Science
in that it Enables Prevision.**

THE old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience. As stated by one of its most ardent supporters, the best possible development of this plan of investigation is to be found in a close and careful analysis of cases before and after the administration of a remedy, and if the results be favorable, the continued use of the drug in similar cases.

“That very much has been thus accomplished it were folly to deny. Leaving out of sight the growth of the last two decades, almost all of the current therapeutic knowledge has been gained in this way.

"Therapeutics developed in this manner cannot, however, rest upon a secure foundation. What to-day is believed is to-morrow to be cast aside, certainly has been the law of advancement, and seemingly must continue to be so.

"What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinia will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep.

"To established therapeutic facts the profession clings as with the heart and hand of one man,—clings with a desperation and unanimity whose intensity is the measure of the unsatisfied desire for something fixed. Yet with what a Babel of discordant voices does it celebrate its two thousand years of experience!

"This is so well known, that it seems superfluous to cite examples of the therapeutic discord; and one only shall be mentioned, namely, rheumatism. In this disease, bleeding, nitrate of potash, quinine, mercurials, flying blisters, purgation, opium, the bromides, veratria, and a host of other remedies, all have their advocates clamorous for a hearing; and above all the tumult are to be heard the trump tones of a Chambers, 'Wrap your patients in blankets and let them alone.'

"Experience is said to be the mother of wisdom. Verily, she has been in medicine rather a blind

leader of the blind; and the history of medical progress is a history of men groping in the darkness, finding seeming gems of truth one after another, only in a few minutes to cast each back into the vast heap of forgotten baubles that in their day had also been mistaken for verities. In the past, there is scarcely a conceivable absurdity that men have not tested by experience and for a time found to be the thing desired; in the present, homœopathy and other similar delusions are eagerly embraced and honestly believed in by men who rest their faith upon experience.

“Narrowing our gaze to the regular profession and to a few decades, what do we see? Experience teaching that *not* to bleed a man suffering from pneumonia is to consign him to an unopened grave, and experience teaching that *to* bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions and contradictions of the past, listening to the therapeutic Babel of the present,—is it a wonder that men should take refuge in nihilism, and, like the lotos-eaters, dream that all alike is folly,—that rest, and quiet, and calm are the only human fruition?”

I have cited from the preface to Prof. H. C. Wood's *Treatise on Therapeutics*, not with invidious intent, not with sinister design. You are here, and I am here, to look the truth fairly in the face; and, gentlemen, throughout my talks with you I shall have another

ever before me — a face which in the years gone by looked into mine, mutely imploring that aid which my art in my poor hands failed to give. It is the face of my own child, the one that bore my name. In his grave I hope I buried the blinding pride of party, the biassing zeal of sect. Only for the discipline of that death, I do not know that I could have sought the simple truth beyond the bounds of any and every "pathy."

If I were asked to state what chiefly distinguishes the homœopathic physician from his older brother in the science and art of medicine, I should at once reply: "Not the law of cure, not the infinitesimal dose, not the Hahnemannian hypothesis of Chronic Diseases: none of these, but simply this — his fixed faith in the efficiency of drugs."

This life-giving belief, this faith without which a man's works are only automaton-doings, is a rare merit to-day; a merit always, in fact; particularly a merit to-day.

A merit always because it ever was, and ever will be, cheering and grand to find a man *believing* something; having one fixed place where *he* can be found — was seen there yesterday, is there to-day, will be there to-morrow — having convictions that blossom from his belief as a flower bursts from the seed; having also a purpose that comes from his convictions as the fruit follows the flower.

For a man without a purpose life has no meaning, the world no use, the Beyond no place; unless, indeed, there be a rubbish-heap there as here.

Beyond question, a belief, a fixedness, a faith that shapes, sustains, and strengthens a purpose, is a necessity of well-being and well-doing; and, as things are ordered in this Vanity Fair of ours, such a faith is a merit always.

Such a belief, a fixedness in something, is particularly a merit to-day, because old-time "faith" has gone out of fashion, and utter disbelief, unfaith, is held as the evidence of what is called "progress."

That the latter-day epidemic of unbelief should also assail the science of medicine was to be expected; it, too, must take its chance with the other sciences. That the ravages of this epidemic should be in a direct ratio with the sum total of untruth in the science of medicine was also to be expected; that the physician should be nearly the last to succumb to this epidemic is evidence of one of two things, namely: either his beliefs were so interpenetrated by the truth as to defy the contagion of unbelief, or he began to scrutinize the principles of his science only from the mere force of a widely-spread example, the influence of which reached him last simply because he is the most sluggish of thinkers. I incline to accept the latter explanation of the fact; and I do this, remembering how long Galen's influence paralyzed the profession.

That a physician, knowing the fields and forests to abound with substances which are capable of deranging the functions of the organism, should fail to recognize that these substances had been invested with the function-deranging properties for a *purpose*, is hardly a supposable proposition. That a physician to-day should avow a disbelief in the efficiency of these substances in disease is a contradiction as unmistakable as unexpected, as unexpected as unfounded. That certain of these substances should be declared to be of value, while others are ignored as worthless, is a reflection upon the divine Intelligence which provided them and invested them with their several properties.

These are the outcome of that unfaith of which I have spoken; and I here say most emphatically, and with a full sense of all that is involved in what I say, that none of this outcome attaches to Homœopathy.

Homœopathy recognizes a beneficent *purpose* in the function-deranging property of all substances which are invested with such a property. Homœopathy recognizes this *purpose* in the applicability of these substances to prevent disease, to ameliorate disease, to cure disease. Homœopathy recognizes that each of these substances has its particular and peculiar value; that each of these substances is a single and independent entity; that each of these substances has its separate and distinct place in the treatment of disease.

These are the beliefs of the homœopath, the foundation of his fixed faith in the efficiency of drugs; the faith that shapes, that sustains, that strengthens his life-long purpose.

In considering the origin of the homœopath's faith, I shall go no further back than the time of Haller. There is evidence that the homœopathic principle had been recognized and applied by some of the Hippocratic school, and subsequent to that; but these applications were the exceptions rather than the rule of practice. If you desire ampler information on this matter, I beg leave to refer to Dudgeon's *Lectures on the Theory and Practice of Homœopathy*.

On the present occasion, it will suit our purpose to date the origin of a fixed faith in the efficiency of medicines from the appearance of the *Swiss Pharmacopœia*, which was issued by Haller in 1771.

In this work we find the following directions for discovering the action of drugs:

"In the first place, the remedy is to be tried on the healthy body, without any foreign substance mixed with it. A small dose is to be taken, and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, the secretions. Having obtained these obvious phenomena *in health*, you may then pass on to experiment on the body in a state of disease." *

* *Pharmacopœia Helvetiæ*. Preface, p. 12. Basil, 1771.

Now let me give two paragraphs from the fifth edition of Hahnemann's *Organon*:

"If . . . medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing of a decided character is seen of their pure effects, as those peculiar alterations of the health, to be expected from the medicine, are mixed up with the symptoms of the disease, and can seldom be distinctly observed." § CVII.

"There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be infallibly ascertained; there is no sure, no more natural way of accomplishing this object than to administer the several medicines, experimentally, in small doses, to *healthy* persons, in order to ascertain what changes, symptoms, and signs of their influence each individually produces on the health of the body and of the mind; that is to say, what elements of disease they are able and tend to produce." § CVIII.

Here we find Hahnemann in full accord with Haller, and we must bear in mind that the conception *is* Haller's, it having been expressed by him forty years before Hahnemann reiterates it in the first edition of the *Organon*. Hahnemann is scrupulously careful to ascribe the paternity of this conception to Haller, and he says in a foot-note to the paragraph last quoted: "No single physician, as far as I know, during the previous two thousand five hun-

dred years, thought of this so natural, so absolutely necessary, and only genuine mode of testing medicines for their pure and peculiar effects in altering the health of man except the great and immortal Albrecht von Haller. He alone, besides myself, saw the necessity of this." And then he quotes the Hallerian conception from the *Swiss Pharmacopœia*, adding to the citation these words: "But no one, not a single physician, attended to or followed up this invaluable hint."

In this assertion Hahnemann was in error. Haller wrote in 1771, and before 1768, one Wm. Alexander, a surgeon in Edinburgh, had made provings on his own body. He nearly lost his life by taking two scruples of camphor, after which he desisted from drug-proving. In 1793, that is, seventeen years before Hahnemann issued his *Organon*, Samuel Crumpe, an Irish physician, published *An Inquiry into the Nature and Properties of Opium*, in which work he says:

"As an accurate and comprehensive view of its effects should be the chief foundation for our reasonings with respect to its mode of operation; as these effects can be more clearly ascertained in a state of health than when complicated with the symptoms of disease; and as its operation in various morbid affections will be more properly considered after its mode of action has undergone examination, I shall here chiefly confine myself to an enu-

meration of its effects on the body in a state of health."

If you will look at the pathogenesis of *Opium* in Hahnemann's *Materia Medica Pura*, and of *Crocus sativus* in Stapf's *Beitrage*, you will find evidence, in the authorities cited, that Hahnemann was not acquainted with the works of Alexander and Crumpe, and hence his assertion that "no single physician" had acted upon this "invaluable hint." However, the great hint was not "followed up," not made the chief business of a life by any one but Hahnemann; and this we may safely claim for him always.

Just here let us ask, what is it that makes Haller's hint "invaluable"? what should lead any physician to *follow it up*? what is there in *it* that should make the attending to it the chief business of a physician's life? Well, it is admitted "that the study of the effects of medicines in the healthy state is the only way of ascertaining the *pure* or *pathogenetic* effect of medicines." This is the testimony of Pereira in his very words. He says: "The homœopathists assert, and with truth, that the study of the effects of medicines in the healthy state is the only way of ascertaining the *pure* or *pathogenetic* effect of medicines — since, when we administer our remedies to invalids, 'the symptoms of the natural disease, then existing, mingling with those which the medicinal agents are capable of producing, the latter can

rarely be distinguished with any clearness or precision.' " *

Haller's hint, then, is *invaluable* because it points out "the only way of ascertaining the pure effect of medicine." Well, then, having ascertained the pure effect of a medicine, what are you going to *do* with that medicine? Haller said: "Having obtained these obvious phenomena *in health*, you may then pass on to experiment on the body in a state of disease." To Haller, the obtaining of "these obvious phenomena *in health*," was getting only one factor of the problem, namely, "the pure effect of the medicine," and with him, the other factor, the effect of the medicine in disease, was to be had only by "experiment on the body in a state of disease."

Farther than this, from Haller's time until to-day, has no man gone saving only Samuel Hahnemann. The manner and extent of his going we will now consider. And, first, a few words about *him*, for a believing man, a faith-filled man, a man having a purpose from which he never swerves, is a very "obvious phenomenon"—worthy of serious consideration always, especially worthy to-day and in this place.

He who sent him to us placed him rightly; made him poor; surrounded him with the necessity of

* *Elements of Materia Medica and Therapeutics*, Vol. I., p. 89, 4th Edition.

doing; endowed him with the capacity *for doing*. A hard lot it is called in the language of moral myopists—a grand opportunity it *is* in the clear vision of him who can discern in Nature the Infinite's protest against idleness. He had a good father; only a painter on porcelain-ware, and a decent artist as the trade went. Better than all, a *thinking* man, and one who deemed it a duty to teach his boy to think. No matter what company he was in, he always left it at a stated time each day, saying, by way of apology: "I must go and give my boy his lesson in thinking."

We have but one instance of this boy's disobeying such a father. The man who felt the supreme necessity of thinking was evidently one whose life a clear and honest thought directed; one who met his several responsibilities as an upright, thinking man will ever meet them; and such an one is not the man to run heedlessly into debt. His household will be managed with a prudent care; his meagre earnings must rigidly determine his expenditures. That he lived frugally and savingly is evidenced by the fact that his family retired early in order to save oil. Well, this boy of his fashioned a lamp from clay, and in the garret studied by stolen oil when the rest were asleep—his mother winking at the pious fraud, as mothers will. He disobeyed a careful father's edict simply to satisfy that divine hunger of the soul which is not of earthly origin, and which

is fed by an instinct that even fathers do not wisely to interdict.

But poverty is remorseless, and the day came when the boy must leave school because the father could no longer keep him there. Then the teacher, who had seen in the boy a promise of something other than porcelain painting, interceded, plead with the father, remitted the school-fee, and satisfied the father's pride by letting the boy earn his tuition in teaching other boys. Oh, brave! that hungry young, earnest soul shall not be starved, it shall be fed to fulness. For eight years did he luxuriate in that *Fürstenschule of Meissen* "acquiring German and the dead languages."

In 1775 he set out for Leipzig, to get his medical education, with twenty crowns in his pocket, the last money that he ever received from his father. He supported himself in Leipzig by giving German and French lessons, and translating books. He attended lectures during the greater part of the day, gave his language lessons in the evening, did his translating at night, *sitting up all night every alternate night*. In this way he translated Steadman's *Physiological Essays*, Nugent's *Essay on Hydrophobia*, Falconer *On the Waters of Bath*,—a two-volumed work,—and Ball's *Modern Practice*, also in two volumes. Evidently an earnest young man who realizes that life is something other than a play-spell; and when such earnest men have also been taught to *think*, sooner or later

the world hears *from them* — always has heard, always will hear.

I should like to give the whole history of his splendid doing, but time forbids. I can only stop to ask what sort of a physician did he become? An "old-school" physician, mind you; there were no "homœopaths" then. Well, in 1801, Hufeland pronounced him, pronounced Samuel Hahnemann, to be "one of the most distinguished of German physicians." *

Now, it is to be hoped that, when the boy who had been taught to think became "one of the most distinguished of German physicians," he did not forget his old habit of *thinking*; because, you see, there is a premium on thinking physicians — a premium on all *thinkers*, in fact; a special premium on thinking physicians because of the rarity of that article. *He* kept on thinking; thought as few men with a family on their hands dare to think; thought himself out of the practice of medicine — he, "one of the most distinguished of German physicians," thought himself out of the practice of medicine; thought himself and his wife and his little ones into want. Why this? Because honest thought, earnest thought, fearless thought, seeking only naked truth, willing to welcome that at any cost, brought to him, as the rec-

* Hufeland's *Journal der pract. Arzneykunde*, Vol. V., Part II., p. 52, 1801. Cited by Dudgeon.

ompense for such thought, only a fixed and awful distrust of the practice of medicine.

His father had taught him that the great aim in life is "to act and to be, not merely to seem;" and he could not "seem" to be a physician when to his honest thought such a thing as verily *being* a physician was not made possible by the existing condition of the science and art of medicine.

There is a story told of those days which should hush the voice of detraction forever.

"During his residence at Machern, after toiling all day long at his task of translating works for the press, he frequently assisted his brave-hearted wife to wash the family clothes at night; and as they were unable to purchase soap, they employed raw potatoes for this purpose. The quantity of bread he was able to earn by his literary labors for his numerous family was so small that, in order to prevent grumbling, he used to weigh out to each an equal proportion. At this time one of his daughters, a little girl, fell ill; and being unable to eat the portion of daily bread that fell to her share, she carefully put it away in a box, hoarding it up, childlike, till her appetite should return. Her sickness, however, increasing, she felt assured that she should never recover to enjoy her store; so she one day told her favorite little sister that she knew she was going to die; that she should never be able to eat any more, and solemnly made over to her as a gift the accumulated fragments of hard,

dried-up bread from which she had anticipated such a feast had she recovered." *

When a man for the sake of a conviction can submit his own flesh and blood to such privation, the world has seen in him one of God's own; has seen an heroic soul that fears only a lie; has seen that incarnation of God's truth which all that is true in man will trust and rest upon forever and ever.

All this the world has seen in Samuel Hahnemann, the boy who was taught to think; and him all thinking men will trust; trust with a deepening faith when knowledge ripens and wisdom's crown is won.

Will it be deemed an old-fashioned sentiment if I should say that He who is the source of truth takes care of him who serves the truth? Old fashioned or not, there is history for it; and to such a piece of history we now turn.

Perhaps the lesson I would teach will be a bit the more impressive, if I read that history in the very words of an "old-school" physician; it may, perchance, coming from such a source, be less questionable to the older school, who, up to date, have a scorn for Hahnemann which is equalled only by their ignorance of his teachings.

"When Hahnemann was engaged in translating Cullen's work on the *materia medica* into German,

* Dudgeon's *Lectures on the Theory and Practice of Homœopathy*, p. xlviii.

Facts related to Dr. D. by one of Hahnemann's family.

his attention was arrested by Cullen's attempt to explain the action of Cinchona bark. Cullen's explanation appeared unsatisfactory to him, and he determined to try what effects the drug would produce on himself, in order to see if in that way, perchance, he could find a clue that would enable him to explain its action. After using a large dose of that drug for several days, he had on two successive days an attack very similar to that of intermittent fever, which he thus describes:—'The feet and the points of the fingers, etc., became cold; then the heart began to throb; the pulse was small and quick; insupportable anxiety; trembling but no chilliness; general prostration; then beating in the head, flushing of the cheeks; in short, all the usual symptoms of intermittent fever appeared one after the other, but without real febrile chilliness. I likewise remarked the usual particularly characteristic symptoms of intermittent fever—dulness of the senses, a sort of stiffness in all the joints, particularly the disagreeable benumbed feeling that seemed to have its seat in the periosteum of all the bones. The paroxysm lasted two or three hours, and was renewed only when I renewed the dose, otherwise not.' He was naturally struck by the result of his experiment; and it occurred to him that there was something more than an accidental relation between the power of curing disease and that of producing in the healthy body symptoms similar to those of the dis-

case cured. 'If I am not deceived, such is really the case; otherwise, how was it that those violent tertian and quotidian fevers which I completely cured four and six weeks ago, without knowing how the cure was effected, by means of a few drops of Cinchona tincture, should present almost the same array of symptoms which I observed in myself yesterday and to-day, after gradually taking, while in perfect health, four drachms of good Cinchona bark by way of experiment?'

"He repeated similar experiments on himself and other individuals with a similar result—that of producing the symptoms of intermittent fever by the use of Cinchona bark. He naturally extended his experiments by testing the effects produced in healthy individuals by other medicines whose curative action in certain diseases had been well established. In every case he thought he found his conjecture confirmed, that drugs satisfactorily cured diseases similar to those produced by their action on healthy individuals.

"*Similia similibus* became the basis of his therapeutics; and although the principle was not a new one, as it had been frequently referred to by medical men since the time of Hippocrates, yet it must be confessed that in his hands it received a far greater, and in some respects more scientific, development than any of its former supporters—even Stahl, the Dane—had ever attempted to give it. The seeming

simplicity and completeness of the principle are admirable. If true, it contains within itself a complete system of therapeutics: *To find a remedy for any given case of disease, it is only necessary to discover a drug that can produce in the healthy individual symptoms similar to those of the disease to be cured.*" *

What would an earnest man, one who for a conviction had accepted bitter want, had seen his little children hunger, what *would* such an one do when he was at last led into the light; when he was enabled to see the divine meaning of every herb; when there had been vouchsafed to him a clue, THE clue to the Omniscient purpose which had invested substances with function-deranging properties? What *could* he do but follow up that clue with a zeal that wearied not, with a faith that faltered not, with results that have defied the malice of ignorant, insolent, and impotent unbelief.

Now let me read what he said when the *Fiat lux!* of Therapeutics had been spoken:

"There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be infallibly ascertained — there is no sure, no more natural way of accomplishing this object than to administer the several medicines, experimentally, in small doses, to *healthy* persons, in order to ascertain what changes, symptoms, and

* Rogers' *Present State of Therapeutics*, Chap. I., p. 7.

signs of their influence each individually produces on the health of the body and of the mind, that is to say, what elements of disease they are able and tend to produce, since, as has been demonstrated, all the curative power of medicines is this power they possess of changing the state of man's health, and is ascertained by observation of the latter." *Organon*, § CVIII.

Then follows the proud boast:

"I was the first that opened up this path, which I have pursued with a perseverance that could only arise and be kept up by a perfect conviction of the great truth, fraught with such blessings to humanity, that it is only by the homœopathic employment of medicines, that the certain cure of human maladies is possible." *Organon*, § CIX.

Aye, he was indeed "the first that opened up this path," and to the end of time he must and will remain the Columbus of rational therapeutics. Let the future bring forth whatsoever it may, his crown will shine with a glory that no coming years can dim, and none can ever take it from him.

You have heard, then, briefly the origin of the homœopath's faith. You have seen that Haller's "invaluable hint" fell unheeded by the wayside; that it was not "fruit-bearing;" that it was only a half-hint, because it supplied only one factor of the problem, the "obvious phenomena in health," the larger half, to be sure, but a useless half, as in Hal-

ler's hands it would have led only to "experiment on the body in a state of disease." You have seen that in Hahnemann's hands it received its full development, because it found its application in the great discovery that the disease-producing power of medicines and the disease-curing power of medicines are *one and the same force*, though operating under different circumstances.

It is, indeed, a great discovery — great in its truth, greater in its simplicity, greatest in the manner of its bringing forth; for an earnest man, in all the bitterness of want, grappled with Truth and wrestled with it as Jacob of old with the angel, and would not let it go until it had blessed him, though his children starved.

So much for its origin and development. Now, if you please, let me return to Prof. H. C. Wood's *Treatise on Therapeutics*. He says on page 7 of his preface, speaking of "the work of the therapist:"

"Evidently, it is his especial province to find out what are the means at command, what the individual drugs in use do when put into a human system. It is seemingly self-evident that the physiological action of a remedy can never be made out by a study of its use in disease. Under all circumstances, the problem is one of the most complex with which the human mind has to grapple; and to introduce into this problem the new and ever-varying factors of the

effect of disease and its natural vibrations on the system, is to put the matter beyond human prescience.

"In spite, then, of Dr. Niemeyer's assertion, that experiments made with medicaments upon the lower animals, or upon healthy human beings, have, as yet, been of no direct service to our means of treating disease, and that a continuation of such experiments gives no prospect of such service, it is certain that in these experiments is the only rational scientific groundwork for the treatment of disease. We must discover what influence a drug exerts when put into the body of a patient before we can use it rationally; and we can gain this coveted knowledge only in the method indicated."

This was written in 1874, and in 1810 Hahnemann had said:

"If . . . medicines be given to sick persons only, even though they be administered singly and alone, then little or nothing of a decided character is seen of their pure effects, as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of the disease and can seldom be distinctly observed.

"There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be infallibly ascertained — there is no sure, no more natural way of accomplishing this object than to administer the several medicines, experimentally, in small doses, to *healthy* persons, in

order to ascertain what changes, symptoms, and signs of their influence each individually produces on the health of the body and of the mind; that is to say, what elements of disease they are able, and tend to produce."

Hahnemann in 1810, and Prof. H. C. Wood in 1874, are in strict agreement on this cardinal point.

Prof. Wood also says, "in these experiments is the only rational scientific groundwork for the treatment of disease." Will you allow the inference that the despised homœopath had "the only rational scientific groundwork for the treatment of disease" sixty-four years before Prof. Wood put his foot thereon?

Now, gentlemen, I must ask your attention to a feature distinctive of Homœopathy—a feature to which no other system of therapeutics has laid claim, to which no other system of therapeutics can lay claim in the face of history. I mean that feature which says that when you have found, by experiment on the healthy, what "elements of disease" a drug is "able and tends to produce," you have also found what "elements of disease" that drug is able to cure, and will cure to the end of time.

The fact that in the physiological action of a drug lie the indications for its therapeutic application is the truth on which the homœopathic system of therapeutics rests as a SCIENCE—not as an hypothesis, not as a theory, but *as a* SCIENCE.

How can we test the validity of this proud claim? How can we expose its falsity, if false it be?

Said a dead friend of mine: "A test of a natural science, and therefore of any proposed science of therapeutics, is that it shall provide for the prediction of future events within its own domain. It must furnish means of *prevision*.' The problem must be as follows: Given the law and one series of phenomena, to state the corresponding series of phenomena on the other side. This condition is admirably stated by Whewell: 'Men cannot help believing that the laws laid down by discoverers must be in a great measure identical with the real laws of nature, when the discoverers thus determine effects beforehand in the same manner in which Nature herself determines them when the occasion occurs. Those who can do this must to a great extent have detected Nature's secret — must have fixed upon the conditions to which she attends, and must have siezed the rules by which she applies them. Such a coincidence of untried facts with speculative assertions cannot be the work of chance, but implies some large portion of truth in the principles on which the reasoning is founded. To trace order in that which has been observed may be considered as interpreting what Nature has written down for us, and will commonly prove that we understand her alphabet. *But to predict* what has not been observed, is to attempt ourselves to use the legislative phrases

of Nature; and when she responds plainly and precisely to that which we thus utter, we cannot but suppose that we have in a great measure made ourselves masters of the meaning and structure of her language. The *prediction of results*, even of the same kind as those which have been observed, in *new cases*, is a proof of real success in our inductive processes.'''* Whewell, *Philosophy of the Inductive Sciences*, Vol. II., pp. 64-65.

Has Homœopathy established the fact that it possesses this power of prevision?

When the cholera appeared in Europe in 1831, some of Hahnemann's disciples wrote to him, sending a description of the disease. From a comparison of the symptoms of cholera with the symptoms produced by certain drugs, Hahnemann said that Camphor, Copper, and Veratrum would be the remedies needed.

The acknowledged success of this treatment led to the obtaining of an abrogation of the ban against the practice of Homœopathy in Austria; and to-day three of the most potent and most successful remedies for Asiatic cholera are Camphor, Copper, and Veratrum. They were pointed out by Hahnemann before he had seen one single case of cholera; they were pointed out by that power of *prevision* which is the characteristic of a science, and which is possessed by the Homœopathic System of Therapeutics.

* Dunham, *Homœopathy the Science of Therapeutics*, p. 16.

The exercise of this power of *prevision* requires no superhuman skill. When the symptoms produced by a drug and the symptoms produced by a disease correspond unto each other as face unto face in the refiner's silver, the cure follows; and when one has once seen what symptoms a drug can produce, he has also seen in them what symptoms that drug can cure; in other words, the physiological action of a drug has in itself the data for *prevision*. No theorizing is necessary; it is a matter of demonstration, not of experiment.

One word more: It follows, from the law of similars, that what a drug did yesterday it will do to-day, and can do to-morrow. It is given under certain fixed conditions, namely, the similarity of drug- and of disease-symptoms. This fact gives homœopathic therapeutics a fixedness which is the evidence of truth. Homœopathy does not "find seeming gems of truth one after another, only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities."

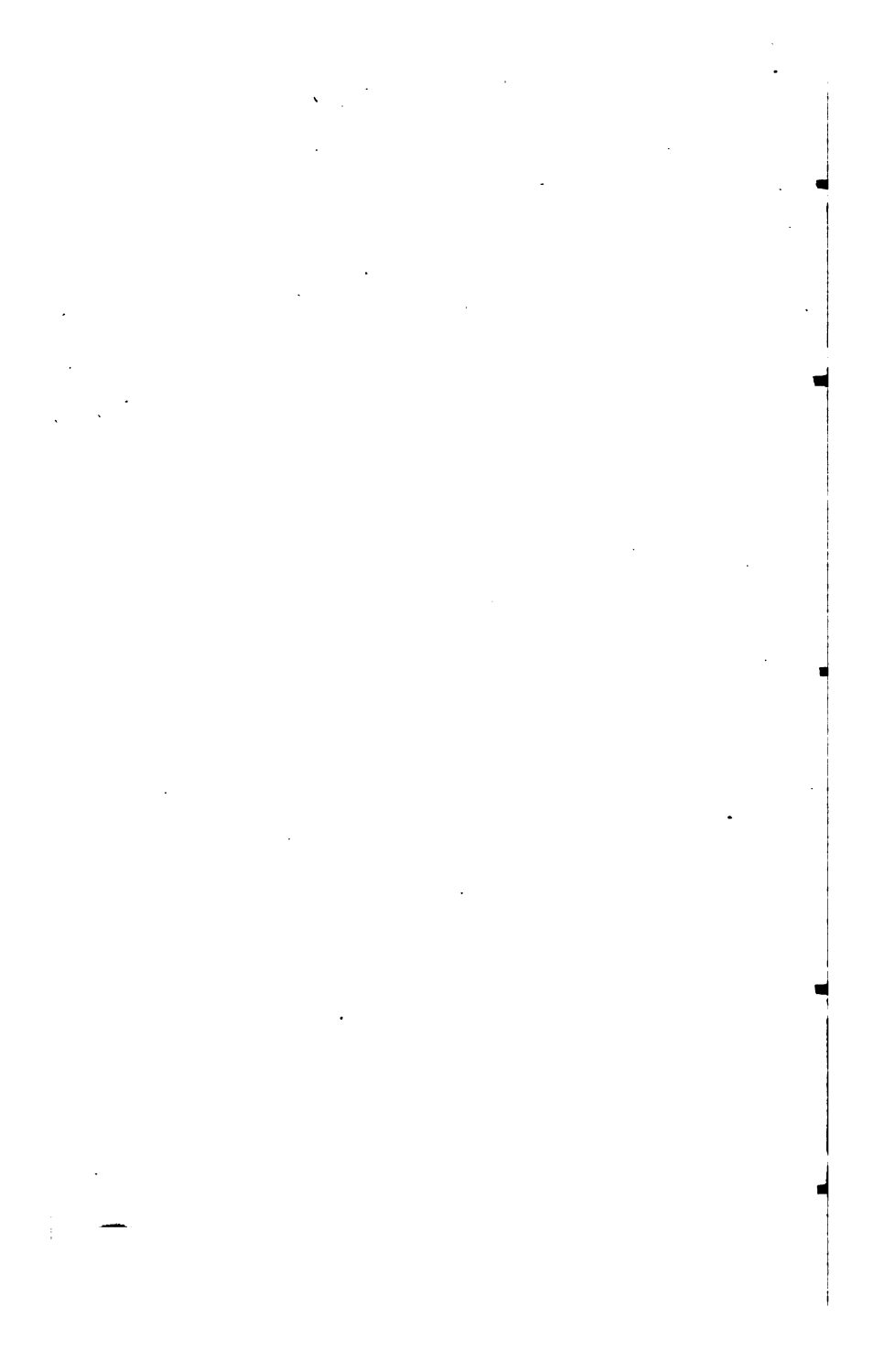
Gentlemen, this is science. Science is truth; truth is God's, and He gives His truths to all.

If, happily, you can see truth in what I have said, do not let any name which men may give to it drive you away from it. God permits no creatures to preempt a truth; there is no squatter sovereignty in science. If it be *true*, it is God's; if it be God's, it is His children's.

LECTURE II.

THERE was never anything so like another as in all points to concur: there will ever some reserved difference slip in, to prevent the identity, without which two several things would not be alike, but the same, which is impossible.

Religio Medici, Part II. 2.



LECTURE II.

The Single Remedy a Necessity of Science.

QUITE recently, "scientific" medicine fired the following broadside into an epileptic patient:

"R.

Iodide Potass,	
Syrup Tolu,	aa ℥iij.
" Ipecac,	℥iss.
Fluid ext. Veratrum viride,	℥j.
Sulph. Morph.	grs. iij.

℞.

"One drachm to be taken in the middle of the forenoon, another in the middle of the afternoon; another on going to bed.

"Also to take Bromide of Sodium in increasing doses, every four hours, until bromism is produced.

"Also to take some 'Blue Mass,' to *alter the secretions*.

"Also a tonic composed of Cinchona and Iron, to *improve digestion*.

"Also to *keep the bowels open* with pills made as follows:

"R.

Aloes,	
Ext. Hyoscyamus,	aa ℥j.
" Nux Vom. (alcoholic)	grs. xij.
Ipecacuanha,	grs. vii.

℞.

Ft. pill. No. xxx."

Iodine, Potassium, Tolu, Ipecacuanha, Veratrum viride, Morphia, Bromine, Sodium, Mercury, Cinchona, Iron, Aloes, Hyoscyamus, Nux vomica — fourteen function-deranging agents duly commissioned to cure that poor epileptic cito, tuto et jucunde — *quickly, safely, and pleasantly!*

This is "scientific" medicine in the year of grace one thousand eight hundred and seventy-nine. It is, however, evidence of progress, and it enables us to determine the rate of "scientific" progress. In witness whereof, be kind enough to note the following prescription.

A disciple of "scientific" medicine—a Sydenham, for instance—has ordered for his patient the ever-famous *Theriaca Andromachi*. He does not write out the whole prescription, for "Life is short, and the art is long." He writes:

R.

Theriaca Andromachi, etc., etc., etc.

The learned apothecary knows what is intended, and has already prepared THE *Theriaca Andromachi* after the original prescription, which, I will add for your information, reads as follows:

R.

Squill lozenges,	℥lvij.
Lozenges of vipers (flesh and broth),	
Long pepper,	
Opium,	
Lozenges of hedychroum,	aa ℥xxv.
Red roses (without the claws),	

Illyrian orris-root,
 Liquorice-juice,
 Navew seeds,
 Shoots of scordium,
 Balm of Gilead,
 Cinnamon,
 Agaric in lozenges, aa 3xij.
 Myrrh,
 Spikenard, or zedoary,
 Saffron,
 Wood of the true cassia,
 Indian nard,
 Camel's hay,
 White pepper,
 Black pepper,
 Frankincense,
 Dittany of Crete,
 Rhubarb,
 French Lavender,
 Horehound,
 Parsley,
 Macedonian stone-parsley,
 Parsley seed,
 Calamint (dried),
 Cinquefoil root,
 Ginger, aa 3vj.
 Young shoots of the carrot of Crete,
 " " " " ground pine,
 Root of the Celtic nard,
 Amomum,
 Storax,
 Root of Meu,
 Young shoots of Germander,
 Roots of Pontic valerian,
 Terra Lemnia,

Indian leaf,
 Green vitriol (calcined),
 Gentian root,
 Gum arabic,
 Juice of hypocistis,
 Carpobalsamum (or else nutmegs, or else cubebs),
 Seeds of anise (dried),
 " " cardamoms,
 " " fennel,
 " " cicely,
 Gum acacia (or else plum-tree gum),
 Seeds of penny-cress,
 Tops of St. John's root,
 Seeds of bishop's weed,
 Sagapenum, aa ʒiv
 Castor,
 Root of the long birthwort,
 Jew's pitch (or amber),
 Seeds of the carrot of Crete,
 Opoponax,
 Lesser centaury,
 Thick galbanum, aa ʒij.
 Canary wine (old), ʒxl, (*i. e.* sufficient to dissolve
 the gums and juices),
 Clarified honey (triple the weight of the powders).

Mix, and make into an electuary *secundum artem*.

Pharmacopœa Londinensis, A. D. 1682.

Sixty-five articles in the year of grace, 1682; fourteen articles in the year of grace, 1879. Fifty-one articles dropped in 197 years. That is, one article dropped every 3 years, 10 months, and 10 days. In 1879, "scientific" medicine has got down to fourteen articles; then in 50 years, that is, in 1929, "scien-

tific" medicine will have got down to the *single remedy*—that is, 133 years after the homœopath *had* got there!

When this very *Theriaca Andromachi* was in vogue, Lord Bacon wrote, "Although a man would think, by the daily visitations of the physician, that there were a pursuance in the cure; yet let a man look into their prescripts and ministrations, and he shall find them but inconstancies and every day's devices without any settled providence or project;"* and he farther charges physicians with having "frustrated the fruit of tradition and experience by their magistralities, in adding, and taking out, and changing 'quid pro quo' in their receipts at their pleasures, commanding so over the medicine as the medicine cannot command over the disease."

But it was not outside of the profession alone, or in Bacon's time only, that this "commanding so over the medicine" was condemned. Says Dr. Paris, the learned author of *The Pharmacologia*: "The practice of mixing together different medicinal substances, so as to form one remedy, may claim a very ancient origin, for most of the prescriptions which have descended from the Greek physicians are of this complexion. The uncertain and vague results of so blind a practice appear also to have been early felt and often condemned; for even Erasistratus de-

* *Of the Proficiency and Advancement of Learning.*

claimed with great warmth against the complicated medicines which were administered in his time. The greater number of these compositions present a mass of incongruous materials huddled together without any apparent order or rational design." *

So, gentlemen, we have stumbled upon the genealogy of the prescriber of the model mixture with which we began these remarks; he is the tail-end of a long line of most noble Grecians—may his shadow never be less! [I think you will allow that it is fair for me, a homœopath, to criticise this phenomenal prescription which the fates have put into my hands. Well, I will waive my right to criticise it, and will let one of its author's own school do it.

"There is this marked distinction between the raw and the well-disciplined practitioner, that while the one, seeing only a variety of unconnected symptoms, seeks to attack each † by a separate ingredient in his prescription, the other, by being able to group together such as arise from a single cause, diminishes in number and variety the points to be attacked, and simplifies his remedies in the same ratio.

"The perfection of a medicinal prescription may be defined by three words. It should be PRECISE (in its *directions*); CONCISE (in its *construction*), DECI-

* *Op. cit.*, p. 366, 9th Edition, London, 1843.

† *Query*: Do "regulars" "attack symptoms"? They charge *that* on the homœopaths.—S. A. J.



SIVE (in its plan of *operation*). It should carry upon its very face an air of energy and decision, and speak intelligibly the indications which it is intended to fulfil. It may be laid down as a maxim, which is not in much danger of being controverted, that *where the intention of a medicinal combination is obscure, its operation will be imbecile.*" *

I have used the language of a President of the Royal College of Physicians, London. I make no comments, and you may make the application.]

Turning to the particular business of this evening, let me ask, What is there to justify "so blind a practice" as the mixing of medicines in a prescription? It is either an aimless procedure, or it has an aim, a purpose, an end desired and to be desired.

I turn again to Paris's *Pharmacologia*—an "old-school" book—and, gentlemen, I shall get the stones which I fling at you from your own side of the fence. I find them there in abundance, and exactly adapted to my purpose, which is "to look the truth fairly in the face." Well, Dr. Paris says:

"A medicinal formula has been divided into four constituent parts, a plan which will be found to admit of useful application to practice, inasmuch as it is well calculated to point out the methods by which we may accomplish the objects investigated in the preceding pages; or, in the language of Asclepiades,

* Paris's *Pharmacologia*, p. 449.

by which we may enable the basis of our prescription to operate 'CITO,' 'TUTO,' et 'JUCUNDE'—quickly, safely, and pleasantly—thus:

"I. THE BASIS, or principal ingredient ('CURARE')."

"II. THE ADJUVANS: that which assists and promotes its operation ('CITO')."

"III. THE CORRIGENS: that which corrects its operation ('TUTO')."

"IV. THE CONSTITUENS: that which imparts an agreeable form ('JUCUNDE')." *

Thus the end desired is to *cure*; to cure quickly, to cure safely, to cure pleasantly.

The "safety" of producing "bromism!" I once heard a distinguished neurologist of your school acknowledge that he had killed three patients by producing "bromism."

The "pleasure" of an aloetic purge! But "there is no disputing about tastes."

Says Dr. Paris again: "Let not the young practitioner be deceived. He may be assured that, unless he be well acquainted with the mutual actions which bodies exert upon each other and upon the living system, it may be laid down as an axiom that, *in proportion as he complicates a medicine, he does but multiply the chances of its failure. Superflua nunquam non nocent.*" *The superfluous is never harmless!*

I turn again to Dr. Paris and quote: "'It has

* *Op. cit.*, p. 449.

been common to assert,' says Mr. Whewell, 'that facts alone are valuable in science; that theory, so far as it is valuable, is contained in the facts; and so far as it is not contained in the facts, can merely mislead and preoccupy men. But it should be known that facts can only become portions of knowledge as they become classed and connected; that they can only constitute truth when they are included in general propositions.' Deeply impressed with the importance of a sentiment thus happily expressed, and under a full conviction that the subject of medicinal combination has never received that share of attention which it merits, I have been induced to undertake the arduous task of inquiring into the several relations in which each article of a compound formula might advantageously, or otherwise, be situated with respect to others; and had I required further encouragement for the prosecution of my plan, the observations of Dr. Powell would have afforded it, for he says: 'I think it may be asserted, without fear of contradiction, that no medicine, compounded of five or six simple articles, has had its powers examined in a rational manner.' *

The "observations of Dr. Powell" hold good to-day. I reassert them, and I challenge contradiction.

We have passed over one very significant remark made by Dr. Paris, namely, that the young practi-

* *Op. cit.*, p. 366.

tioner must be chary of mixing medicines, "unless he be well acquainted with the mutual actions which bodies exert upon each other and upon the living system." This has a very wise sound, and it is only sound. Where does Dr. Paris propose to look for a knowledge of "the mutual actions which bodies exert upon each other?" Well, largely to chemistry. In answer to Dr. Powell's observation "that no medicine, compounded of five or six simple articles, has hitherto had its powers examined in a rational manner," Dr. Paris says: "But we cannot be surprised that so much obscurity and doubt should for ages have surrounded a subject which must necessarily require the aid of chemistry for its elucidation." *

"The aid of chemistry for its elucidation!" A sonorous phrase; a tale for the medical "marines;" an apple of Sodom; a mirage; a humbug! Take a good *Materia Medica* and learn the physiological action of Calx — Lime; then learn the physiological action of Sulphur; then combine these substances so as to form the Calcic Sulphide, and what do you get from "the mutual actions which these bodies exert upon each other"? Is it the physiological action of Lime *plus* the physiological action of Sulphur? By no means. An adept can detect certain Lime effects and certain Sulphur effects in the compound,

* *Op. cit.*, p. 366.

just as the physical and the mental peculiarities of the parents are found in the child ; but over and above and beyond these vestiges of parentage are the Calcic-Sulphide effects — a physiological action as separate and distinct as is the individuality of the child. Chemistry can no more foretell the physiological action of a compound, than I can imagine what the Dean of *the* "Department of Medicine and Surgery" would say if he woke up some morning and found himself in bed with a homœopath.

You can learn more of this Calcic Sulphide in the pages of Ringer; and it is a remedy which I earnestly commend to your attention. Prof. Ringer, that progressive teacher, has borrowed it from Hahnemann's *Materia Medica* just as the half-baked homœopath (?) borrows your hypodermic syringe to cover his ignorance and administer a sedative "pleasantly."

But, say you, substances which are perfectly similar can be combined for practical purposes without that detriment which you, as a transcendental homœopath, harp about, magnifying a molehill into a mountain. If the two substances be perfectly similar, what is the use of mixing them? Doubling the quantity of either of them in the prescription will answer the same purpose. But, gentlemen, Dr. Paris says: "In philosophical strictness, there are not two medicinal substances in the whole range of our *materia medica* perfectly similar to each other, although each may

recede from the other by so insensible a shade that, for practical purposes, we may frequently allow their parallelism." * Observe, he uses the word "parallelism," but, in a foot-note, he says: "The term *kindred* would, perhaps, more correctly express their relationship." "Parallelism" is one thing, "kindred" is an entirely different thing; and if a fellow is "sweet" on John Smith's sister, not the whole category of John Smith's "kindred" rolled into one can supply her place! Can you imagine such a smitten one pining for Miss Georgiana Serephina Smith, and her big brother, John Smith, saying in the tenderness of his heart, "My dear fellow, Georgiana Serephina is engaged; take Aunt Mehitable, who is her 'parallel' in 'kindred.'" Both are Smiths and kindred, but while Georgiana is a cordial, poor Aunt Mehitable is only a cathartic. Gentlemen, in some instances the claim of "kindred" is only an aggravation.

Now, let us return to the compound-prescription with its *basis*, its *adjuvans*, its *corrigens*, and its *constituens*.

The *Basis* is designed to cure, and when rightly chosen it will cure. Of the truth of this there is no room for a rational doubt.

The *Adjuvans* is designed to "assist and promote" the operation of the *Basis*; to make *it* cure

* *Op. cit.*, p. 163.

quickly. This addition of the *Adjuvans* is an instance of "commanding so over the medicine as it cannot command over the disease." It is the supererogation which shows a lack of confidence in the capabilities of the *Basis*, for the *Basis* needs assisting and promoting. It is the superfluous which is never harmless. It is the fifth wheel in the chariot of scientific medicine, and it sadly needs greasing as it squeaks in this nineteenth century.

The *Corrigens* is designed to "correct the operation" of the *Basis*, to make the *Basis* act "safely." Well, if ten grains of a base are unsafe, why not give five? Why neutralize five by giving a *Corrigens*? Why waste five? If five *will* do, and *ten* are given, five is superfluous, and the superfluous is never harmless. Simple division can make the *Basis* its own *Corrigens*—but this is too abstruse a problem for scientific medicine!

The *Constituens* is that which imparts an "agreeable form," makes a *Basis* "pleasant!" What a divine "science" it was that taught my dear mother to make senna tea so seductive by adding raisins. It was like much else of *your* "science," for it spoiled the raisins and it did n't improve the tea.

Gentlemen, what must a profession wallowing in the slough of polypharmacy have thought, and said, and done when one clear-headed physician arose and declared: "In no case is it requisite to administer more than *one single simple* medicinal substance at

one time?" It was, indeed, a declaration to think about, to talk about, and to accept or reject as it should prove to be true or false. Well, gentlemen, there was a premium on thinking physicians in those days; the article was rare. The philosophy of Ho Ti prevailed, and every medical Ho Ti burned a house whenever he would roast a pig. The single remedy man was flouted and scouted and despised and reviled, and the strong arm of the law was invoked, and he was driven into exile. They did not meet him with calm reason, with philosophical experiment, with clinical demonstration. They met him with the law of might; the profession combined against one man; the Thinker stood single-handed and alone. It was a pitiful spectacle; it was an old, old spectacle, such an one as the Emperor Marcus Antoninus had in mind when he wrote in his majestic MEDITATIONS: *Vermin killed Democritus; and other vermin killed Socrates.** By an immutable law of God's, vermin are vermin, and vermin only, in all times, in all countries, in all races. It cannot be helped, "it is their nature to."

In the instance under notice, the vermin found active allies in other vermin: the physicians were joined by the apothecaries!

The compounders of your ever-famous *Theriacal*

* BOOK III., 3. "And lice killed Democritus; and other lice killed Socrates."—Long's Translation.

Andromachi saw, by the divine instinct of trade, that a man who proposed to prescribe only a plain tincture of Belladonna or a few grains of Nux vomica, need only make his practice universal in order to fill the land with starved apothecaries. Hahnemann withstood the profession; the apothecaries vanquished him—and he is not the only one they have *put out of the way*.

Gentlemen, the bitter prejudice which you inherit as a professional birthright, has no other origin than this; no other sources. It is a proud patrimony—may you enjoy it undisputed to the end of time!

I am glad to turn from the contemplation of such a spectacle in the history of civilization, and to resume the special topic of this evening's consideration.

I have called the *single remedy a necessity of science*. I shall prove it such to be.

But, first, let us understand the term "single remedy." It does not mean a simple as distinguished from a composite substance. If the definition were to exclude composite substances, I should yearn for the much-prized Calcic Sulphide, and I know where there would be weeping and wailing for a beloved "Bromide." No, the true definition of the "single remedy" does not exclude composite substances. It may seem a singular admission for an avowed homœopath to make, but I am not prepared to deny that a strict definition of the "single remedy" may

not include a composite prescription, *under the single condition that the physiological action of that identical composite prescription be known.*

I make this assertion in the face of the fact that the Homœopathic Materia Medica contains the *Oleum Animale Dippelii*, a most complex substance, which "contains at least all the following constituents: *Methyilia*, *Ethyilia*, *Trytilia*, *Tetrylia*, and *Amylia*; *Aniline*, *Pyridine*, *Picoline*, *Lutidine*, *Pyrrol*, *Benzol*, and a mixture of several *Nitriles*." *

Understand, however, and be kind enough to understand distinctly, that a composite substance can be considered a single remedy only when its physiological action has been determined by experiment on the healthy. In this light only is it a single remedy. In this light only do we see it divested of *adjuvans*, *corrigens*, and *constituens*, and standing solely on the merit of its aggregated physiological action.

I have already cited Dr. Powell as saying: "I think it may be asserted, without fear of contradiction, that no medicine compounded of five or six simple articles has had its powers examined in a rational manner."

Now, what is a "rational manner"? Prof. H. C. Wood says: "We must discover what influence a drug exerts when put into the body of a patient be-

* *Brit. Hom. Pharmacop.*, p. 197. Second Edition.

fore we can use it rationally; and we can gain this coveted knowledge only in the method indicated." What is the "method indicated"? Is it Dr. Powell's "rational manner" of experiment on the sick, making a "close and careful analysis of cases before and after the administration of a remedy?" No; for Wood says, "Therapeutics developed in this manner cannot rest upon a secure foundation." What, then, is the "method indicated" by Wood? Why, "experiments made with medicaments upon the lower animals, or upon *healthy* human beings." That is, the "method indicated" is that of first determining the physiological action of the remedy. He says, "It is seemingly self-evident that the physiological action of a remedy can never be made out by a study of its use in disease." "It is certain that in these experiments [on the healthy] is the only rational scientific groundwork for the treatment of disease."

Now, then, I challenge your whole faculty, all your faculties, your whole school, to show a single instance wherein a "medicine compounded of five or six simple articles, has had its powers examined in a rational manner." It cannot be done, because such an instance is not upon record; and your every compound prescription is arraigned before the bar of Science as having no "rational scientific groundwork for the treatment of disease," and every such a prescription must plead guilty.

Gentlemen, in this predicament, I am afraid the apothecaries will be of little use to you; and if one man have only the truth with him, there is just one too many for doctors and apothecaries to manage.

In our first lecture we found, from the agreement between the homœopath and the "regular," that there is only one method for determining the action of a drug, namely, that of experiment on the healthy. We also found that having in this way determined the physiological action, Haller said, "You may then pass on to experiment on the body in a state of disease." This was at the close of the eighteenth century, and we do not find that Prof. Wood at the close of the nineteenth century has advanced one step. When *he* has gotten the physiological action, the "*experiment* on the body in a state of disease" still remains for him and his kind. His work is only half done; he has learned the action of a drug in health; he has yet to learn its use in disease. This condition, gentlemen, is a sad instance of "scientific" hemiopia — seeing only half of a thing. This is a bad fix to be in when a physician is looking at a patient; it is even worse when he is looking at a truth. In the murky mists of this life, truths are too often only dimly discerned; but to be in the mists, and to see dimly, and to see but half, is pitiful; it makes the heart of a homœopath glow with a charity which is as little understood as appreciated.

All this while the homœopath knows that in the

physiological action of a drug lie the indications for its therapeutic application. He is not obliged to devise hypotheses, frame theories, trust assumptions. The indication for the therapeutic application is put in the physiological action by even Him who puts the oak in the acorn. How does the homœopath know this? He plants his acorn, and leaves it to the Unerring One, and *the oak is there!*

I told you of that power of prevision in virtue of which Homœopathy is a Science of Therapeutics. Let me give you an instance of this of home manufacture.

My worthy assistant, Dr. Taber, made the physiological action of Picric, or Carbazotic Acid, the subject of his Inaugural Thesis. The provings, with the necessary urinary analyses, were made under my own observation; and when we had done, I said this will be a grand remedy for anæmia, specifying the conditions which must exist in order that Picric acid could be and would be curative. It was a little pamphlet that you would have despised. Well, the ink on that little pamphlet was hardly dry, before one of the gentlemen engaged in that research cured one of the before-specified cases of anæmia with Picric acid. He did not know that the drug *had been so used before*. I did not know it—do not know it now; but he and I *did* know that the drug would do what it did do when the counterpart of its physiological action was met in disease. The application of Picric

acid *then* was not "an experiment on the body in a state of disease;" it was a *demonstration*.

Now in such a demonstration there are these elements, namely, the pathological action of the patient's organism,—I say "pathological action," as distinguished from the physiological action in health,—the pathological action of the patient's organism, and the physiological action of the appropriate remedy. In order to cure, these two must correspond as closely as possible. The procedure of the physician, then, is, having the disease-phenomena, to find similar drug-phenomena. Finding these, which are all that are needed, in the physiological action of Picric acid, where, in the name of Science, is the need for an *adjuvant*, a *corrigens*, and a *constituens*? Must I also give Syrup of Tolu because Picric acid is fearfully bitter? Tolu has its own physiological action; and in the case before us, the disease-phenomena do not correspond with the physiological action of Tolu. I leave the Tolu alone; I am obliged to leave it alone, simply because the *single corresponding remedy is a necessity of science*.

Can any honest reasoner gainsay that? Yes, alas! yes; for even an honest man can have hemiopia, and the man who can see only half of a truth has my commiseration everywhere and always.

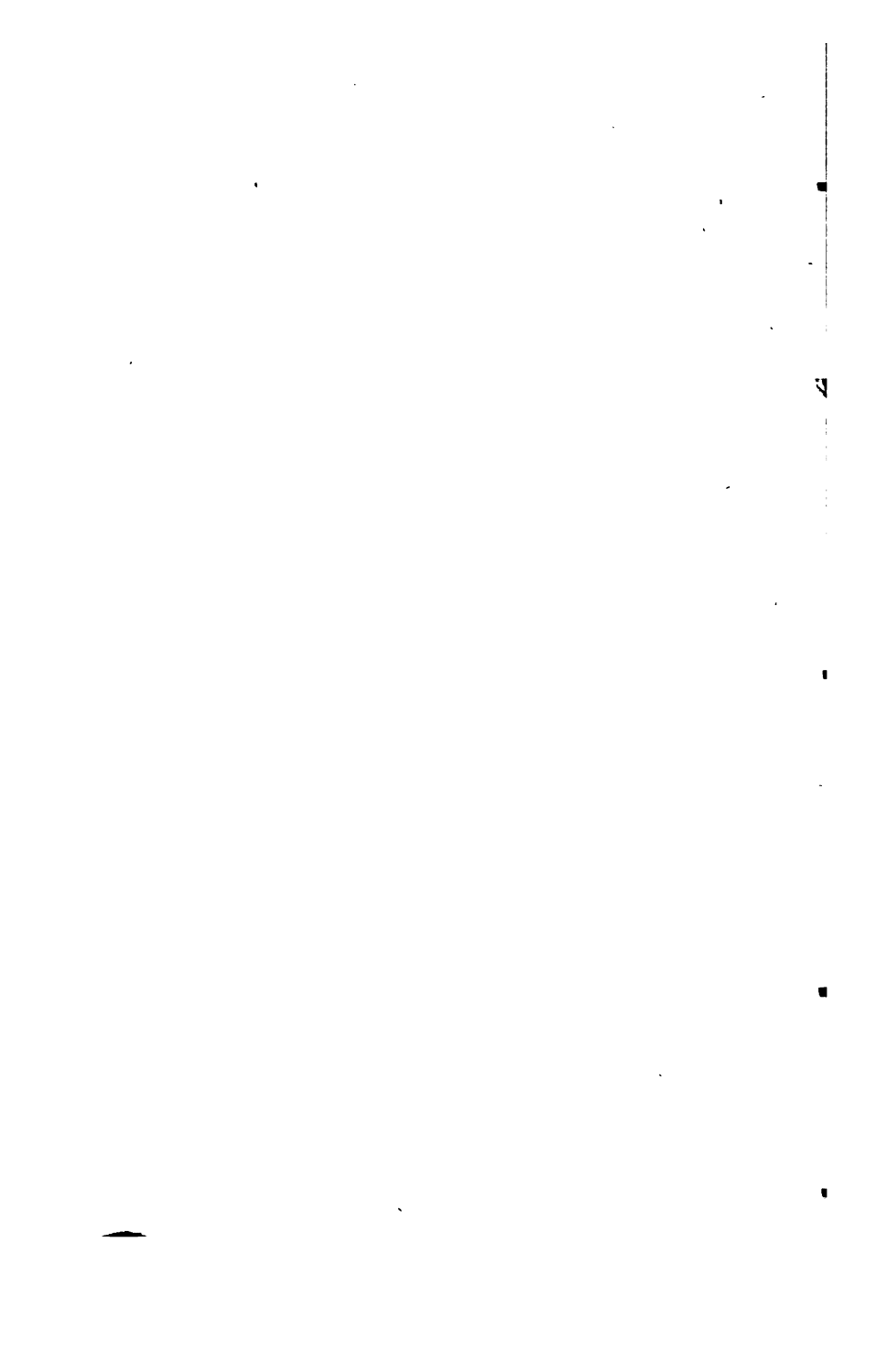
Turning from the singleness and the simplicity of science, let us take a parting look at the complexity and the confusion of pseudo-science, both of which

we can find in the prescription given to keep that poor epileptic's "bowels open."

We find in it hyoscyamus, ipecacuanha, nux vomica, and aloes. Now let us glance at the physiological action of these.

Hyoscyamus markedly affects the mouth and throat; ipecacuanha, the stomach and small intestine; nux vomica, notably the upper part of the large intestine; aloes, as notably the lower part of the large intestine. Well, if scientific medicine had only thrown in a straw hat and a pair of spurs, it would have hit the case *from head to heels*.

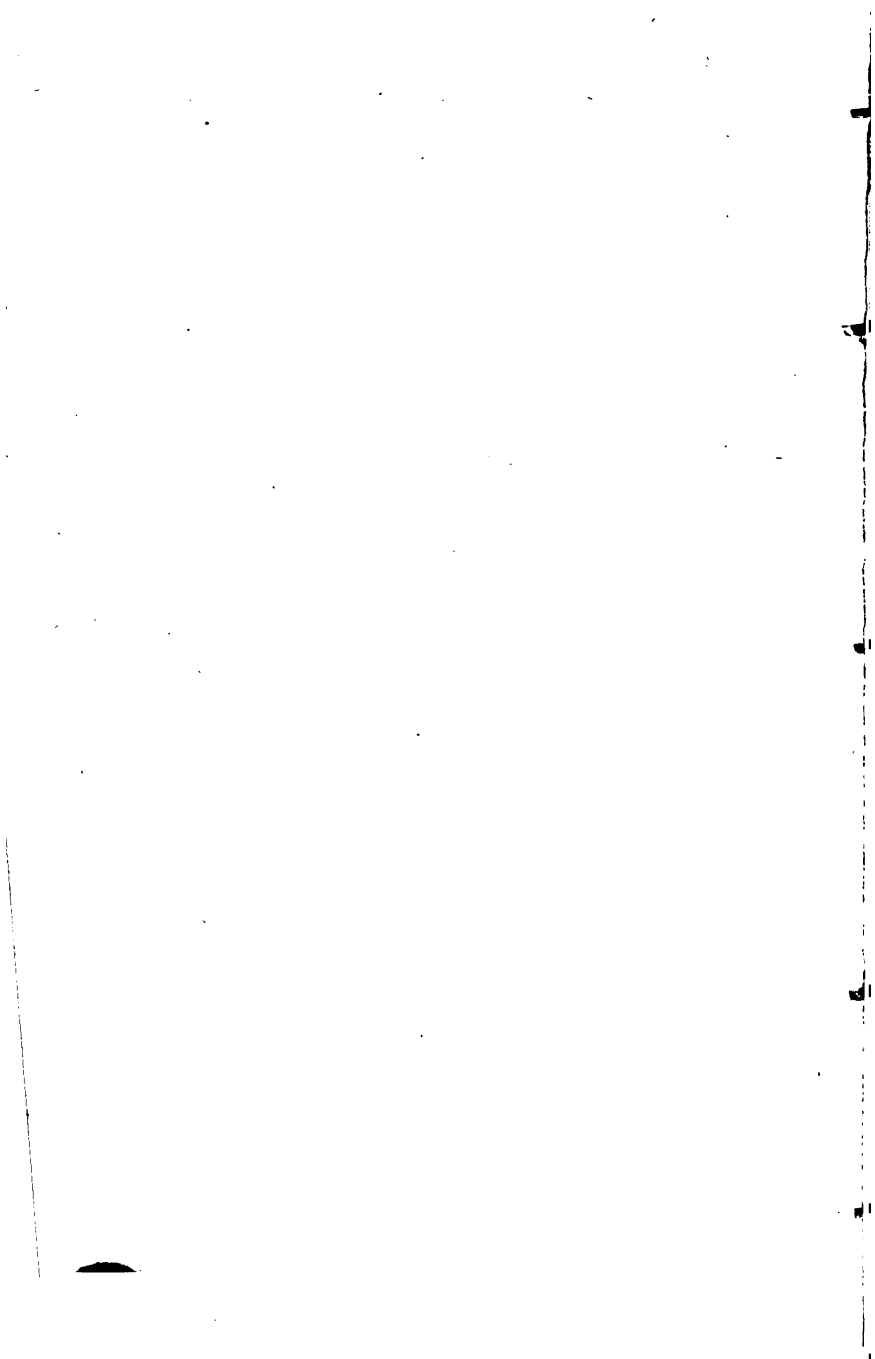
Gentlemen, there is no accounting for the freaks of "scientific medicine;" and, alas, the patient takes the consequences!



LECTURE III.

THUS this custom of firing houses continued, till in process of time, says my manuscript, a sage arose, like our Locke, who made a discovery, that the flesh of swine, or indeed, of any other animal, might be cooked (*burnt*, as they called it) without the necessity of consuming a whole house to dress it. Then first began the rude form of a gridiron. Roasting by the string or spit came in a century or two later, I forget in whose dynasty. *By such slow degrees*, concludes the manuscript, *do the most useful, and seemingly the most obvious arts, make their way among mankind.*

A Dissertation upon Roast-Pig.



LECTURE III.

The Minimum Dose an Inevitable Sequence.

TO-NIGHT, I must ask you to turn back thirteen hundred years in the history of Medicine. We will go to a little island in the Mediterranean, which towards the end of the sixth century was the abode of a very learned, a very able, and a very industrious physician. "He attained great eminence in his profession, and continued to be looked up to as one of the highest authorities in Medicine and Surgery during a long succession of ages. All the medical authors of the distinguished Arabian period quote his opinions in almost every page of their works, and never fail to recognize him as one of the most eminent of their Grecian Masters. At the revival of literature in modern times, the Latin translations of the Arabians continued for a time to be the ordinary guides to practice; but when the superior merit of their Greek originals became known, our author rose again into high consideration. As a proof of this, I may mention that the surgery of Fabricius ab

Aquapendente is made up almost entirely from his works." *

Through the patient labor of this ancient physician, Paul of Ægina, and the erudite commentary of his accomplished editor, Francis Adams, Surgeon, we of to-day are in possession of the most complete Manual of the Medicine and Surgery of the Ancients.

To this book, then, we turn, and we are soon brought face to face with the medical science of twice a thousand years.

From this book I wish to obtain the treatment of some well-known disease, and this not so much to inquire into the quality of the therapeutic measures employed, as to find the quantity given—to learn the dosage of those early physicians. Having found this, I shall follow the treatment of the same disease down to our day, and with chiefly the same end in view, namely, the dosage.

The disease which I have chosen is dysentery—a disease of such frequent occurrence as to enable us to contrast ancient and modern dosage.

To show you some of the polypharmacy of the early days of medicine, I will quote somewhat at length, giving you more than is necessary for my immediate purpose.

Paul of Ægina says: "In general, therefore, we

* *The Seven Books of Paulus Ægineta.* Editor's Preface. Old Sydenham Society, 1844.

must use those things which were recommended for coeliac and other preternatural evacuations; but, in particular, the Lemnian Earth* cures a spreading dysentery when drunk or injected, the intestine being previously washed out with honied water, and afterwards with salt water; and the juice of purslain is proper for dysenteric affections when drunk, or the purslain itself when boiled in oxycrate and eaten. Plantain also is proper, and the fruit and leaves of the bramble, the decoction of the root of marshmallows, the herb horsetail drunk in water or wine, and the juice of it, the unripe fruit of the mulberry dried, and, still more, brambleberries, when similarly dried. Eggs boiled with vinegar and eaten, dry up fluxes of the belly; but it will answer better if, mixing them with some of the articles which are good for dysentery, you fry them, and give to eat. The wine of unripe grapes is most useful in these cases, and the red sumac, and the juice of it, the rind of pomegranate, the ashes of snails roasted whole. The following is a compound medicine: of the ashes of snails, p. iv; of galls, p. ii; of pepper, p. i; reduce to a fine powder, and sprinkle upon the condiments, or give to drink in water or a white, watery wine. It greatly helps dysenteric patients when the ulcers are not putrid. But the dried dung

* According to Geoffrey, it is "a fat, viscid, slippery clay, of a pale-red color."—*Adams*.

of dogs who have eaten bones, when drank in milk which has been curdled by having heated pebbles put into it, is of great service. The following are compound remedies: The trochisk from Egyptian thorn, that of Philip,* that from hartshorn, that from seeds, and the Trigonus.† The pills from mace are excellent remedies. The following is an admirable one: Of opium, of saffron, of Indian Lycium (*catechu*?), a acacia, of sumach, of frankincense, of galls, of hypocistis, of myrrh, of aloes equal parts; give in water to the amount of three oboli."‡

We find, then, that a "most noble Grecian" was expected to "get away with" a quantity equal to three oboli at a dose; thirty grains at a gulp. I say a "most noble Grecian," because I am not sure that the ignoble could pay for such quantities of drugs.

We have, then, established such a dosage as was in vogue six hundred years after the birth of Christ,

* The trochisk of Philip was made as follows: Of the flowers of the wild pomegranate, of acacia, of the juice of hypocistis, of opium, of sumach, of frankincense, of myrrh, of saffron, of gall, of aloes, of Pontic rhubarb, of the rind of pomegranate, of myrtles, of each dr. iv. Mix with austere wine, and form into trochisks of three oboli each. That is, 30 $\frac{1}{2}$ grains each.

† The trochis Trigonus was made as follows: Of anise, of bishop's weed, of the seed of fennel, of each dr. iv; of the seed of parsley, of opium, of the seed of henbane, of each dr. ii. Triturate with water.

‡ Paulus Ægineta, Vol. I., p. 525.

and it now remains for us to note some of the changes brought about in the thirteen intervening centuries.

Now, gentlemen, I leap over ten centuries, and introduce to you a learned physician of the time of Queen Elizabeth, Dr. Philip Barrough, the painful author of "THE METHODE OF PHISICKE, CONTEYNING THE CAUSES, SIGNES, AND CVRES OF INVVARD DISEASES *in mans body from the head to the foote*."

Whereunto is added the forme and rule of making remedies and medicines, which our Phisitians commonly vse at this day, with the proportion, quantitie, and names of ech medicine.

Imprinted at London by Thomas Vautroullier, dwelling in the Blacke-friers by Lud-gate, 1583."

Treating of dysentery, Dr. Barrough writes: "For this cure you must vse such remeadyes that doe restraîne, drie vp, and prouoke vryne, and that doe carry the fluxe some other way." The treatment, you see, must be both antipathic and alloëopathic. He continues: "Restrictive thinges be these: sorrell seede, *sumach*, gaules, pomgranate ryndes dried, bryer roote, *lapdamum*, *acatia*, *hipocischis*, *balaustium*, willowe leaves, comferie rootes, leaves, and seede, *rheum ponticum*, if it may be gotten, roote of *Altheæ*, horsetaile, corall, masticke, hares creame, dragons bloude, the barke of franckencense, *terra lemnia*, roote of *verbascus*, plantayne seede, white daysies, a kind of mallowes called *alcea*,

oxis, sanicula, ophrys, ophioglossum, knot-grasse, sheepehardes puese, walwort, *pedelion, numularia*, dragans the male, sharpe mulberies, carnells of grapes, the bark of maces, and such like." *

The doses of Dr. Barrough were as follows: Of a syrup, ℥ij; of a potion, ℥ij; of a bolus, ℥viii or x; of a julep, ℥xviii or xxvii; of pills, ℥iss, made into pill. ix, and given at a dose.†

For the number and complexity of drugs, and for size of doses, we find absolutely no advance in one thousand years. Philip Barrough of London might have studied with Paul of Ægina for all the difference discernible between them.

I have not endeavored to garble the facts of history; I have not sought for a volume specially adapted to my purpose; I have cited from a work which, in its day, was a representative work, the first edition published in 1583, the seventh edition issued at London in 1634—seven editions in fifty-one years. A new edition in nearly every seven years. Now, Sir Thomas Watson wrote his classical *Lectures on The Principles and Practice of Medicine* in 1837, and in 1871 the fifth edition was published—five editions in thirty-four years, a new edition in a trifle less than every seven years. Evidently, Dr. Philip Barrough is a competent and a reliable witness as to the condition of medicine in

* *Op. cit.*, Liber III., p. 99.

† *Op. cit.*, Liber VI.

nis day. As a matter of fact, then, we find that one thousand years have slidden by as a dream, and medicine, the hope of the suffering, has slept for ten centuries. So far as any real progress is concerned, Dr. Philip Barrough laid him down and died, and left the science and the art just as he received them from the volumes of Paul of Ægina; just as Paul of Ægina left them when he, too, laid down and died.

Men speak of the "Dark Ages;" it's a good name, a fit name, a true name. But, gentlemen, those ten centuries were dark just as a landscape is dark when the sky is clouded; there are patches of gloom where the impenetrable cloud is between the earth and the sun; there are spots of light and life and growth where the sunlight pierces the rifts. Nearly within those ten centuries was done the life-work of a Copernicus, a Galileo, a Kepler, a Roger Bacon, a Columbus, a Vespuccius, a Wyckliffe, a Tyndale, and a Luther. Truth is not a creature of fair weather or of foul; of light or of darkness. If there is only the heart sincere and hungry, there will she be—now with a Galileo in the sunshine of Italy; now with a Wyckliffe in the fogs of England; now with a Columbus at the mercy of a mutinous crew; now with a Tyndale at the stake, and, thank God, beyond.

If a man turn his back to the light, to him it shall be dark. Of such a turning of the back to the light do I accuse the medical profession. This the pro-

fession did in the fourteenth and fifteenth centuries; has done since, is doing now largely, and with the usual consequences.

In 1493 was born a man of whom Pereira writes thus: "A vain, ignorant, arrogant, drunken quack, fanatic, and impostor. [Do you see what an affluent vocabulary a "regular" has for one who differs with him?] He burnt publicly the works of Galen and Avicenna, declaring that his shoe-strings possessed more knowledge than those two celebrated physicians, and asserted that he possessed the elixir of life! He was a cabalist, astrologer, and believer in the doctrine of signatures. He conferred several important benefits on medicine; he overturned Galenism, introduced chemical medicines (employing mercury in syphilis), and substituted tinctures, essences, and extracts for various disgusting preparations." *

This was Paracelsus, the man who had more than a glimpse of that law of similars which found its fuller development at the hands of Hahnemann. Of him—Pereira's "arrogant, drunken quack"—I will say this: To all that is *true* in the science and art of medicine, I deem his "shoe-strings" of more value than whatsoever all of his detractors have accomplished. He was like the lark; he could pierce the clouds and sing his song in the broad eye of the sun.

* *Materia Medica*, Vol. II., Part. II., p. 840, 4th Edition.

What had he to do with owls and bats, creatures that find their abode in the ruins of antiquity? And what, indeed, had they to do with him?

But let me return to my theme. At the close of the sixteenth century, we find medicine to be like a large, stagnant pond, copiously coated with "green" scum, and with frogs innumerable croaking as frogs will.

Let us leave the frogs and jump over two hundred years. Dr. Philip Barrough is sleeping with his fathers; but he finds a worthy successor in Joannes Baptist Burserius, the learned author of *The Institutions of the Practice of Medicine*, five octavo volumes of which we have translated by William Cullen Brown, M.D., the son of the famous author of the Brunonian system.

Burserius was a professor. He published his four octavo volumes in 1798. He did not finish the work, being "prematurely cut off by an abscess in the right kidney," for all of which I presume the medical students who had to "cram" from his five volumes were duly thankful. The work must have been highly esteemed in its day, for Dr. Brown mentions "the very warm manner in which the work has been recommended by several eminent medical professors and practitioners, both here and elsewhere, and the consequent general and pressing demand upon the booksellers for it. So urgent, indeed, for many months past, has this demand been in different

parts of the country, and particularly in the University of Edinburgh, and so few copies of the original have been transmitted to the present time to supply the deficiency under a new edition of the work, translation of a second responsibility."

... a notable work and a standard. Turn now to the treatment of the remedy as laid down in the text, and, mind, I am after the dose employed in the remedy used. "Well," he advises, "the dose of the *scutellaria* of Brazil" — *Radix Scutellariae* — to the extent of two scruples twice daily, or the powder of "the herb *scutellaria*" — *Scutellaria* — "dose-strife" — "one drachm, or two scruples, morning and evening." It is, you see, a very old-fashioned year-old dose.

... demands that I shall make a note of it: "The translation of the text (Brown, M.D.) is sorry to find the necessity of inserting, at the end of the text, of drugs and remedies, and of the country; of the name of the others are ... Thus, who ... learned and ... long other ... state of

convalescence from fever, soup of frogs, vipers, snails, and other loathsome animals, which, independent of the disgust they are apt to occasion to patients whose stomachs must necessarily be very delicate, cannot possibly possess any restorative value superior to that of other animal soups and jellies. . . . On the whole, much more will be found to be admired in these volumes than to be reprehended; while they are still farther recommended as affording means of attaining information at the fountain-head on every subject connected with the practice of medicine."

I think, then, the work will stand as representing the condition of the science and the art of medicine at the close of the eighteenth century, and I turn from it to consider the doings of the present century.

As dysentery is the disease which I have chosen to illustrate my subject, I must now ask you to consider with me the treatment of that disease by mercurials.

Says Dr. Mason Good:

"In his cathartic plan, Sydenham could have been considerably aided by the use of calomel, of all the purgative deobstruents the most valuable; and the more so, as exercising its evacuating power over all the secernents of the body. It has of late, indeed, been most extensively employed in quite a different way, and for a very different object; that, I mean, *of curing by a specific action upon the immediate seat of inflammation.* Being persevered in for this pur-

pose in doses of from five or ten to twenty or twenty-five grains two or three times a day; assisted, where there is much torpor of the absorbents, by mercurial friction, and continued until ptyalism is produced, which, as in yellow fever, is the alleged test that the constitution is sufficiently loaded with it, and that the disease is about to give way. . . . Mr. Cunningham, late Surgeon to the Sceptre, in the East Indies, boldly employs it alone, and regards everything else as impeding its course. He does not even stand in need of alvine aperients of any kind, and prefers scruple doses to smaller proportions. . . . Administered in this way, he fearlessly asserts, and the tables of his practice seem to justify his assertion, that 'it is an almost certain remedy for dysentery in hot climates at least.' *

It were easy to fill pages with similar testimony, but let this suffice.

Now observe, if you please, the claim set up for mercury in dysentery—its power of "*curing by a specific action upon the immediate seat of inflammation.*" This claim was made as early as 1825, and "scruple doses" were deemed necessary at that date.

If the patient weighed 150 pounds, the proportion between the dose and the body acted upon is as 1 to 52050. This is "scientific" medicine handling a remedy having "a specific action upon the imme-

* *The Study of Medicine*, Vol. II., p. 249, 4th Edition, 1840.

diate seat of inflammation" in the year of grace, 1825.

Now let us turn to "scientific" medicine in 1877—fifty-two years later than when Dr. Mason Good wrote:

"A similar treatment," says Professor Ringer, "relieves the dysentery, acute or chronic, of adults, provided the stools are slimy and bloody. A hundredth of a grain of the bichloride given hourly, or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stools from blood and slime." *

If Dr. Ringer's dysenteric patient weighed 150 pounds, the proportion between the dose and the body acted upon is as 1 to 105 millions. That is, in plain English, in the short space of fifty-two years, scientific medicine has decreased the size of the dose two thousand times.

The whole history of "scientific" medicine does not show a similar change. How do you account for it? Has "experience" taught the lesson? is it a result of clinical experiment? is it a deduction from the physiological action of mercury? Come whence it may, why it may, how it may, it shows that when a physician is using a specific as a specific, the *minimum dose is an inevitable sequence*. "It is common," says Ringer, "to hear highly practical

* *Handbook of Therapeutics*, p. 236, 6th Edition, 1878.

doctors deny mercurial preparations; whereas, were they to employ the minute doses now recommended, they would obtain the desired effect, and exclude the bad results they fear."*

Gentlemen, this minimum dose is not a freak of the physician, a whim of some theorizer, a fashion in physic that will pass away as a thousand other fashions have done. It is not even a matter of choice; it is a therapeutic necessity; it must be used if you would "exclude the bad results." If a medicine has "a specific action upon the immediate seat of inflammation" in a given case, the minimum dose is an inevitable sequence; none other will be given by the prudent physician, none other can be given by the honest physician, if he be competently educated.

Speaking of the "Morbid Appearances caused by Mercury," Christison says:

"The other form of destruction of the coats of the alimentary canal is common ulceration, either such from the beginning, or what was originally corrosion converted into an ulcer in consequence of the disorganized spot being thrown off by sloughing.

"I have seen this appearance to an enormous extent in the great intestines of a man who survived nine days. Numerous large, black, gangrenous, ulcers, just like those observed in bad cases of dys-

**Op. cit.*, p. 235.

entery, were scattered over the whole colon and rectum."*

It is because the extreme physiological action of the bichloride produces symptoms and pathological conditions "just like those observed in [some] bad cases of dysentery," that the minimum dose is an inevitable sequence of the law which directs its use. A large dose of the bichloride will act as an irritant to the already inflamed large intestine; one-hundredth grain doses, says Ringer, "rarely failing to free the stools from blood and slime,"—that is, "rarely failing" to remove therapeutically the very condition which the bichloride produces in its physiological action. Oh, what an agony this truth produces in the "hide-bound" *regular* physician. He has a few little devices for raising a dust and hiding the truth therein. He calls this truth "*médecine substitutive*," with Trousseau; he calls it "the elective action," with Dr. Mays; he says the instances wherein the law of similars is applicable "can be counted on the fingers," but he forgets to state how many times we must use our fingers in doing that counting. Within the inexorable grasp of that truth, Old Physic writhes to-day as did Laocoon in the folds of the serpents of the sea. Minerva, goddess of wisdom, the arts, sciences, and learning, sent the punishment there, and the punishment *comes* to-day, even as then!

* *Treatise on Poisons*, p. 436, 4th Edition, 1845.

Now, let me ask, where did Prof. Ringer learn that "highly practical doctors," "were they to employ the minute doses now recommended, would obtain the desired effect and exclude the bad results they fear?"

Shall we suspect him of having appropriated this fact from the homœopaths? Even if we do this, it does not invalidate the fact. A *fact* it still is; as much a fact, as fixed a fact for Ringer as for Hahnemann. A diamond flashes light none the less because the gem is stolen; and, under like conditions, a drug will do as much for one man as for another. The finding of the fact may have been Hahnemann's; the truth of the fact, the potentiality of the fact, is God's; and as His it is not more mine than yours. If false pride leads you to reject it because I found it, I can only say to you, remember the Laocoon!

Shall we say that Prof. Ringer stumbled upon this fact by accident? If even so, does that invalidate the fact? Is glass not glass because those shipwrecked Phœnician merchants discovered the making of it by accident?

Suppose Prof. Ringer found this fact by experiment. Does that invalidate the fact? If so, how soon were all the sciences and arts stripped to nakedness. If it *be* a fact,—a beneficent fact in that it "obtains the desired effect and excludes the bad results,"—how in the name of suffering

humanity can any physician reject it and be blameless?

You can reject it without blame only when you have proven it to be not a fact. This proof must come not from your pride, not from your prejudice, but from your impartial and intelligent experiments. You cannot justly say "the dose is so small I *know* there is nothing in it." That has been said for two thousand years; all Prof. Ringer's predecessors have virtually said it. Prof. Ringer has *tried* it, and finds that it "obtains the desired effect and excludes the bad results." When a man stops thinking and begins trying, his feet are on the staircase of inductive philosophy—the golden stairs which lead the soul from Nature up to Nature's God. Columbus might have dreamed of a New World forever; he found it when he put aside his dreams and sought it.

Abstract thought, reason, never taught any physician to diminish the dose; the decrease was solely the teaching of experience. As such, the lesson came to Hahnemann; as such, let us hope, it came to Ringer; as such, it will come to you. The signs in the medical firmament are unmistakable; you cannot avoid that *inevitable sequence*—the MINIMUM DOSE. Your very pharmacists are filling your journals with advertisements of their "parvules," containing the hundredth and the two-hundredth of a grain of the drug. You may fly to the ends of the

earth, but the very rocks by the wayside bear witness, the spirit of trade has been before you with the stencil-plate, and the praises of the parvule shall follow you to the very grave.

Are you going to have this inevitable sequence thrust upon you, despite all your pride in the traditions of the past, or are you going to accept it in the spirit of that inductive philosophy which Bacon taught? The choice is yours; and for a man, a scholar, a philosopher, there is but one choice consistent with manliness, with scholarship, with philosophy.

The appeal to experiment is forced upon you by the demands of truth, by the spirit of the age, by that awful obligation which makes the physician his "brother's keeper." You cannot resist the claim as one accountable to his fellow-man; as one accountable to God, you dare not.

The conditions of experiment obligatory upon you are these :

Given a certain disease; to be determined the dose of a drug which acts upon the very parts affected in that disease, producing symptoms and conditions similar to those existing in the disease. As a result of that experiment, the *minimum dose* will be an *inevitable sequence*.

And now let me state what is this *minimum dose*? In defining it, I shall keep in mind the requirements laid down by Asclepiades, namely, to cure quickly,

safely, and pleasantly. Understand me distinctly: I say the minimum dose demanded by the most rigid requirements of science must be, and is, one which cures quickly, safely, and pleasantly.

These requirements can be met and filled by smaller doses than any ever given by the disciples of "rational medicine"—for that I believe is the latest change of name adopted. But these very small doses are applicable and operative only under the law of similars, as I shall prove.

Now, in order to cure quickly, safely, and pleasantly, the minimum dose, at its greatest, must be one in which the physiological action is wholly absorbed in the therapeutic effect.

Suppose the remedy is the bichloride of mercury, and the disease a dysentery similar to that produced by the bichloride.

The physiological action of the bichloride is to produce bloody and slimy stools, tenesmus ani, and vesicæ. These conditions exist in such a dysentery as it will cure. The existence of such conditions in certain parts increases the susceptibility of those parts to the action of a stimulus which of itself can excite a similar inflammation in those parts.

We know that in health the body offers a certain degree of resistance to disease-producing agents. Speaking of morbid poisons, Sir Wm. Gull says, "Probably, and almost certainly, they do pass

through persons indifferent to their operation."* All persons do not take yellow fever, though in an atmosphere filled with its germs. A drug, then, has a certain amount of body-resistance to overcome in establishing its physiological action in certain tissues and organs; but if such an action already exist in certain tissues and organs, a smaller amount of a similarly acting drug will add to the existing condition, because it is a force acting in a parallel direction. Therefore the dose of the bichloride must be so small that its force shall just suffice to neutralize the disease-action. If it be large enough to excite the physiological action of the bichloride, the resulting condition will be so much disease-action plus so much physiological action: an evident increase of the existing trouble. If the dose has increased the existing inflammation, then it is not curing 'quickly,' for the increased inflammation will make greater tissue changes, and require longer time to subside; it is not curing "safely," as the increased inflammation may be sufficient to prove fatal; it is not curing "pleasantly," in that the increased inflammation necessarily adds to the suffering. Then the minimum dose, at its greatest, must be one in which the physiological action of the drug is wholly absorbed in the therapeutic effect of the drug.

* *Presidential Address. Transactions of the Clinical Society.*
Vol. V., p. xxxviii., 1872.

I have said that this *minimum dose* is applicable and operative only under the law of similars. The bichloride of mercury in its physiological action produces conditions similar to those which it cures in dysentery. The indications for its therapeutical application in dysentery are found in its physiological action upon the healthy. You may call this application "médecine substitutive," "elective affinity," or what you will—the name does not change the fact; it remains the *law of similars*, and all "highly practical doctors" will find that under its guidance they can use the bichloride of mercury, obtaining "the desired effect, and excluding the bad results they have learned to fear" from its misuse in large doses for three centuries.

Now a drug can act in three ways when given in disease; that is, it is homœopathic, antipathic, or heteropathic. The action of Cantharides in cystitis is homœopathic—the drug excites a condition similar to the disease; the action of a cathartic in constipation is antipathic—the drug excites a condition directly opposite to constipation; the action of Elixir in hydrocephalus is heteropathic—the drug excites a condition dissimilar to that of the disease. The action of a drug, then, is similar, dissimilar, or opposite.

Now the sensibility of an inflamed organ is increased towards any agent which in itself can inflame that organ. That drug which can inflame an organ,

if given when that organ is inflamed, has no resistance to overcome in starting its peculiar inflammation. An inflammation already exists, and the drug adds to it, increases it from the moment its action begins; and this because the drug acts in the line of the least resistance. This will largely account for the efficiency of the homœopath's small dose; and it goes to show why a specific remedy makes the minimum dose an inevitable sequence.

Suppose, now, that the drug is antipathic; then it must oppose its action to the disease-action. Here is antagonism, struggle, a greater expenditure of force. In inflammation, the motor-fibres of certain sympathetic ganglia are actively at work dilating the blood-vessels of the inflamed organ. The drug given is antipathic; then it must spend its force upon the fibres of Remak in the same ganglia. These fibres must first spend as much force in neutralizing that degree of force by which the motor-fibres dilate the blood-vessels, as is expended by the motor-fibres in producing that dilatation; and then the Remak fibres must expend still more force to overcome the motor-fibres and constrict the blood-vessels, thus reducing the amount of blood and thereby extinguishing the inflammation. Therefore an antipathic remedy acts in the line of the greatest resistance, and a large dose is an imperative necessity.

Now let us consider a drug which acts heteropathically. We will take *Elaterium* as the drug and acute

hydrocephalus as the disease. The cerebral ventricles are filling with effusion, and Elaterium is given to produce "profuse, watery stools," and thereby drain off the effusion. Evidently, the aim is to establish the physiological action of Elaterium upon the bowels. This *must* be done "quickly;" it *should* be done "safely;" it ought to be done "pleasantly." Now because the body offers some resistance to all poisons, *any dose* of Elaterium will not purge. Sufficient must be given to overcome the body-resistance, and in the dose there must also be a plus of energy that shall go beyond overcoming the resistance and produce the physiological action—the "profuse, watery stools." Now it requires more to establish the physiological action than it does to add to that physiological action when it already exists; and thus we see that a large dose of a heteropathic remedy is absolutely necessary. Therefore it follows that the minimum dose of which we have spoken is applicable and operative only under the law of similars. It is homœopathic in its operation; and to cure quickly, safely, and pleasantly, the dose of such a remedy must be so small that its physiological action is wholly absorbed in its therapeutic effect.

Is there any difference of merit in these three varieties of dose? Anything to recommend the employment of one rather than the others? anything that should make one dose *imperative* as the rule of scientific practice?

'Between two given points there can be but one straight line,' said Hahnemann; and it is a truth as fixed as the eternal hills.

The similarly-acting remedy in the minimum dose "obtains the desired effect and excludes the bad results," with the least expenditure of force on the part of the already suffering organism. The similarly-acting remedy in the minimum dose is the one straight line between disease-action and drug-action.

Ringer's book contains very many instances of the homœopathic application of the remedy. The first edition came out in 1869—the seventh in 1879. Gentlemen, there was hunger somewhere, and this book is feeding the famishing!

Ringer recommended one-sixty-fourth of a grain of the bichloride in 1869—the one one-hundredth of a grain in 1879. You see the direction, the inevitable sequence of the *minimum dose*. Ringer has not yet learned the limit of decrease, nor have I; but his face is turned towards the truth, and some day he will reach out the fraternal hand to physicians who are now despised and rejected.

It should not be true to history, if I omitted to inform you that, while Ringer had reached the one one-hundredth of a grain in 1879, Hahnemann had used the one one-thousandth of a grain in 1799—eighty years ahead on the road to truth.

Many of Hahnemann's followers are to-day where he was in 1799. He did not rest at the one-thousandth

of a grain. He treated intermittent fever with the thirtieth dilution—treated it successfully; and he left old women and young men to “tie strings around trees.” *

Thus have we gone over three cardinal points of a Homœopath's Faith, and even in this meagre presentation of them they must commend themselves to the unbiassed mind as having their foundation not on hypothesis, not on theory, but on Law. They are based upon experimental research; they are demonstrable by experimental research; they are

*“In answer to a number of questions, he made the following statements:

“I do not believe in the higher dilutions. . . . I give *natrum muriaticum* in the thirtieth dilution for *ague*, and recovery follows. I have seen persons with the *ague* go into the woods and tie a string around a tree, and they recovered.”—Report of lecture on *The Spread of Homœopathy*. *Ann Arbor Register*, April 23, 1879.

Said the same party a month previously: “On the other hand I have some confidence in the *therapeutic* powers of the thirtieth dilution of many remedies. While in my practice I use chiefly what are known as the ‘low dilutions,’ yet both in clinics and private practice I frequently employ the *thirtieth*, and in the treatment of a variety of diseased conditions in which the tendency is to grow worse rather than to recover, my successes have so far outnumbered my failures that I am encouraged to repeat what has ceased to be an experiment. . . . I have faith in the therapeutic powers of the *thirtieth* dilution of many remedies.”

American Observer, March, 1879.

refutable only by experimental research. It appeals to the world not with a solicitation but with a challenge. It demands the searchingest sunlight of scientific investigation. Said he by whom these cardinal points were promulgated :

"There is another method by means of which the homœopathic doctrine can be overthrown in a sure and short manner, provided its overthrow is at all possible.

"This doctrine rests exclusively upon experience. Imitate its indications, and you will find that they are true. I ask of you what no author of any *Materia Medica* or system of Therapeutics has ever asked before. I ask of you, *most urgently*, to judge Homœopathy by its results.

"Take a case, of course one for which a homœopathic remedy has already been discovered, note down all its perceptible symptoms in the manner which has been taught in the *Organon*, and with a correctness with which the author of Homœopathy shall be perfectly satisfied, apply that drug which shall be perfectly homœopathic to all the symptoms, the dose having the size prescribed in the *Organon*, and avoiding all those heterogeneous influences which might disturb the action of the drug, and if, under these circumstances, the drug does not afford speedy and efficient help, then publish the failure to the world in a manner which shall make it impossible to gainsay the homœopathicity of the

drug and the correctness of your proceedings, and the author of Homœopathy will stand confounded and convicted." *

Are these the words of a charlatan conscious, as are all such, of his vain pretence?

How has this truth-filled Thinker been received by the great majority of the Medical Profession?

Said the great-hearted Samuel Brown, whose untimely death is one of God's inscrutabilities,—

"It is the world-old tragedy of scientific history. No sooner does a man obey the impulse of conscience, and challenge the foregone conclusions of his age, than the hue and cry is raised against him. It is in vain that he lavishes his good name, his means, his talents, the blood of his heart, the sweat of his brain, everything that is his, upon the working out of the thought by which he has been visited. One word of scorn, one flippant little word, will defraud him of the only reward he values, namely, the sympathy of his brethren. Why, even if the enthusiast were the laborious and generous victim of some coil of error, he would still deserve the love and furtherance of men, for he is at least casting his life into some breach with bravery-worthy of a better task; but being the heavy-laden, and therefore the slowly-treading, perhaps the staggering bearer of a weighty new truth from the

* *Materia Medica Pura*, Vol. III., p. iv.

heart of Nature to the ears of her frivolous children, they ignore, flout, slander, obstruct, and even hate him." *

Then, did the Thinker faint and fall by the wayside, failing of "the only reward he values, namely, the sympathy of his brethren?" Failing of this is there no other reward for him?

Said Samuel Brown: "The highest and most enduring reward of scientific exploration, conducted in the spirit of the masters and not in that of the hirelings, is not even the finding of truth; it is the finding of new strength, faith deepened in foundation, more capacious love, and hope building higher and higher." †

O dead MASTER, in that God is the All-just, thou hadst and now hast all of these; and thou canst leave thy work to Time's arbitrament without the shadow of a single fear.

* *Essays Scientific and Literary*, by Samuel Brown, Vol. II., p. 323.

† *Op. cit.*, p. 323.

